

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Charles Head	COURT CASE NUMBER 08C3463
DEFENDANT C/O Harrington	TYPE OF PROCESS S/C
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN C/O Harrington 7 to 3 shift, Transp. OFF. Cook County Sheriff (Deputy) Cook County Jail
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) C.C.W. Legal Dept. 2100 S. California Ave 2nd Fl. Div 5 Chicago IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Charles Head, # 2007-0084711
COOK COUNTY JAIL
P.O. BOX 089002
CHICAGO IL 60608

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED

Fold

AUG 05 2008 RC
Aug 5, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

07-17-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
 (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin

No. **24**

District to Serve

No. **24**

Signature of Authorized USMS Deputy or Clerk

Date

07-17-08

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Ronna Fernandes

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

Time

am

7/21/08**12 @ pm**

Signature of U.S. Marshal or Deputy

P.B.

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
48.00	4.79	0	54.79	0	54.79	0

REMARKS:

1 DUSM 1 HOUR 14 miles.